

EXHIBIT A

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American Debt Services

SPECIAL PURPOSE ACCOUNT APPLICATION

I hereby apply for and agree to establish a special purpose account (the "Account") with Rocky Mountain Bank & Trust of Colorado Springs, Colorado ("Bank") for the purpose of accumulating funds to repay my debts in connection with a debt management program (the "Program") sponsored by the organization identified below (the "Sponsor"). I understand that the Account's features, terms, conditions and rules are further described in an Account Agreement and Disclosure Statement that accompanies this Application (the "Agreement"). I acknowledge that I have received a copy of the Agreement that I have read and understand in that the Agreement is fully incorporated into this Application by reference and that I am bound by all of its terms and conditions. I also understand that this Application is subject to Bank's customer identification program, as required by the USA Patriot Act and other applicable laws; and accordingly, I hereby represent that the following information is true and complete to the best of my knowledge and belief, and that I will provide a copy of a government issued photo-ID (e.g., a driver's license) for Bank's use in connection with this application.

ACCOUNT OWNERSHIP, CONTROL AND USE

I understand that the Account, when established in accordance with this Application, will be my sole and exclusive property; that only I may authorize deposits to and disbursements from the Account; and that I may withdraw funds from and/or close the Account at any time as provided for in the Agreement. I hereby authorize Bank, through its agent Global Client Solutions, LLC ("Global"), to administer that Account on my behalf by (a) periodically transferring and depositing funds to the Account pursuant to the authorization provided below and (b) periodically disbursing funds from the Account pursuant to instructions that I may give from time to time. In this regard, I hereby authorize payment from the Account of the fees and charges provided for in this Application and the Agreement.

PERMISSION TO SHARE DATA

I HEREBY GRANT PERMISSION FOR Bank, Global and the Sponsor to share information regarding this Program and the Account with each other to facilitate that transactions I may initiate that involve the Account, and with any other party that is essential to the administration of the Account on my behalf. I understand that the Agreement provides additional information relating to privacy.

Applicant Last Name	First Name	M.I.	Social Security #	Date of Birth (month/day/yr)
Newton	Heather	L		
Co-Applicant Last Name	First Name	M.I.	Social Security #	Date of Birth (month/day/yr)
Address		City	State	Zip
			CA	95138
Home Phone		Email address		Mother's Maiden Name (for future ID purposes)
Sponsor		Account number with Sponsor		
American Debt Services				

AUTHORIZATION TO DEBIT BANK ACCOUNT**Financial Institution Information**

Bank Name

Bank of America

Address

City

State

Zip

Routing Number 1

Account Number 2

Customer Information

Name (as it appears on check)

Address (as it appears on check)

City

State

Zip

Amount of Debit

Date of Debit

On or after the 9/8/2011 day of each month until further notice

I hereby authorize Bank, through its agent Global, to initiate debit entries to my (1) checking/ (2) savings account at the financial institution named above (my "Primary Bank Account"), in the amount(s) and on or after the date(s) set forth above, and to debit the same to my Primary Bank Account for the purpose of transferring funds to my Account at Bank. I represent that my Primary Bank Account exists, that I own it, and that I will provide sufficient funds in it to permit the debits to clear on the applicable dates. I understand that I will incur a charge as set forth in the Schedule of Fees and Charges if any attempted debit is not immediately honored when presented. In addition, I understand that I may subsequently designate another account for this purpose by logging into the Global website or contacting global customer service; that I may also change the corresponding amounts and dates from time to time in this manner; and that the representations I made above about my Primary Bank Account will apply to any other account that I designate.

This authorization shall remain in full force and effect until I give a written termination notice to Global that affords a reasonable period of time to act on it. Any such notice, and any other notice that is provided for in this Application or the Agreement, shall be sent to Global customer service at the address set forth in the Agreement. In addition, I understand that Global may terminate this authorization on behalf of Bank by providing me with a written notice at least ten (10) days prior to the actual termination.

1. Routing Number is the 9-digit number that appears in bottom left-hand corner of your check.
2. Account Number is to the right of the Routing Number and after the check number on your check.

Applicant Signature	Date
Heather L. Newton	8/24/2009
Co-Applicant Signature	Date

SCHEDULE OF FEES AND CHARGES

Program Fee (refer to your Sponsor Agreement)

Account Setup (one-time fee)	\$5.00
Monthly Service Charge	\$8.75
Transaction and Other Fees	
Premium Deposit Services	
Wire transfer	\$10.00
Premium Disbursement Services	
Wire transfer	\$15.00
2 nd Day Delivery (3pm Central Time cutoff)	\$10.00
Overnight delivery (3pm Central Time cutoff)	\$20.00
Stop payment order	\$17.50

See the Agreement for the Global payment and correspondence addresses, the address of the Global website and the toll-free Global customer service number.

☐ Monthly statements will be mailed unless this box is checked, in which case they will be sent via e-mail.

FOR OFFICE USE ONLY

ACCOUNT NUMBER
PASSCODE

450205